

Kentucky Long-Term Care Ombudsman Volunteer Application

This form is provided as a service by the Kentucky Long-Term Care Ombudsman Program. Additional information and a criminal history check may be required by the local Ombudsman Program.

Please complete the application and mail to the attention of Long-Term Care Ombudsman 275 East Main Street, 3 E-E Frankfort, KY 40621 or email completed form to Kristi.Gentry@ky.gov. Should you have any additional questions please feel free to contact the Kentucky Long-Term Care Ombudsman Program toll free at (800) 372-2991.

Full Name: _____ Date of Application: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Other _____

Emergency Contact: _____ Phone: _____

Employer: _____ Length of Employment _____

Address: _____ City, Zip Code _____

Phone: _____

Name of Supervisor: _____ Title _____

Describe Work Responsibilities:

Highest Level of Education: ☐ Grade School ☐ College Degree ☐ Other _____

Please state why you want to be a Volunteer Ombudsman?

What do you think an Ombudsman does?

Please describe your experiences in the following areas: (if applicable)

Working with long-term care facilities: _____

Working as a volunteer:

Please describe any experience you have had in problem solving or negotiating. (This could include child rearing, previous employment, etc.)

Conflict of Interest

Do you or any members of your household receive income from a long-term care facility:

☐ Yes ☐ No If yes, name of the Facility: _____

Do you have a relative currently living in a long-term care facility?

☐ Yes ☐ No If yes, name of the facility: _____

Are you a guardian, conservator or Power of Attorney for a long-term care resident?

☐ Yes ☐ No If yes, name of the facility: _____

Do you have your own personal transportation? ☐ Yes ☐ No

How much time per week do you feel you can commit to visiting a long-term care facility? _____

References: (Please list two people other than relatives.)

Name	Address	Phone	Relationship
------	---------	-------	--------------

Name	Address	Phone	Relationship
------	---------	-------	--------------